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Application Number	10/597,486
Filing Date	February 17, 2005
First Named Inventor	Cooley
Title	Antimicrobial Formulations
Art Unit	
Examiner Name	
Attorney Docket Number	02P01WOUS

l hereby revoke al	previous powers of attorn	ey given in the a	bove-iden	tified applicati	ion.					
A Power of Att	torney is submitted herewith.									
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SIGNATURE of Applicant or Assignee of Record										
Signature	Mariana C	orles		Date	Jan	uere	7,20	10		
Name	Marianna Cooley			Telephone	281-89	97-000	9			
Title and Company							•			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.										
Total of 1	forms are submitted.									

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.